

# Arbovirus Case Report Form - Animal

Person receiving report \_\_\_\_\_

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_

Date VDH/VAAFAM notified: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Reporter/Veterinarian

Name and Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Date result called to veterinarian \_\_\_\_/\_\_\_\_/\_\_\_\_

## Laboratory testing information

Collection Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Testing Laboratory \_\_\_\_\_

Sample Source:  serum  CSF  brain tissue

Test results: WNV IgM: pos neg not done PRNT: pos neg not done

EEE IgM: pos neg not done PCR: pos neg not done

Viral isolation: pos neg not done

Date Result Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Virus detected \_\_\_\_\_

Comments:

## Animal

equine  camelid  ratite  other

Common Name \_\_\_\_\_

Owner \_\_\_\_\_ Animal Name \_\_\_\_\_

Address where stabled/housed \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## Clinical Information

Onset Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Outcome:  Alive  Died  Euthanized

Symptoms:  ataxia/incoordination

Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_

inability to stand

limb weakness/acute paralysis

sudden death with no other diagnosis

severe hemorrhagic enteritis (emus)

Comments:

## Vaccination History

Dates of most recent vaccinations:

WNV: \_\_\_\_/\_\_\_\_/\_\_\_\_  never vaccinated  vaccination history unknown

EEE/WEE: \_\_\_\_/\_\_\_\_/\_\_\_\_  never vaccinated  vaccination history unknown

## Travel History

Did the animal travel in the 3 weeks prior to onset?  Yes  No

If yes, where? \_\_\_\_\_

Dates of travel \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_